

# ROSWELL PEDIATRIC CENTER, P.C.

## Temporary Medical Guardianship

To Whom It May Concern:

During my absence the following person(s) will be caring for my child/children:

**PERSON(S) RESPONSIBLE FOR THE CARE OF MY CHILDREN DURING THE TIME PERIOD LISTED BELOW:**

Name: \_\_\_\_\_ / \_\_\_\_\_  
LAST Name      FIRST Name      MIDDLE Name      Relationship to you

Name: \_\_\_\_\_ / \_\_\_\_\_  
LAST Name      FIRST Name      MIDDLE Name      Relationship to you

**CHILDREN'S INFORMATION:**

Name: \_\_\_\_\_ / \_\_\_\_\_  
LAST Name      FIRST Name      MIDDLE Name      Date of Birth

Name: \_\_\_\_\_ / \_\_\_\_\_  
LAST Name      FIRST Name      MIDDLE Name      Date of Birth

Name: \_\_\_\_\_ / \_\_\_\_\_  
LAST Name      FIRST Name      MIDDLE Name      Date of Birth

I give permission for the person(s) listed above to sign for any medical treatment deemed necessary.

**LEGAL GUARDIAN INFORMATION:**

Name: \_\_\_\_\_  
LAST Name      FIRST Name      MIDDLE Name

Contact number or information where you can be reached, if there is an emergency during your absence: \_\_\_\_\_

Time period this "TEMPORARY MEDICAL GUARDIANSHIP" is in effect:

\_\_\_\_\_ / \_\_\_\_\_  
Beginning Date      Ending Date

Signature of Legal Guardian  
Original signature required

Date

\*\*\*\*\*  
Sworn to and subscribed before me on: \_\_\_\_\_  
Date

NOTARY PUBLIC

\*\*\*\*\*  
\*Temporary guardian should keep this original with them at all times. Our office will keep a copy in your child's medical record. Questions Call Roswell Pediatric Center at 770-751-0800